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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. **39602**

First Named Inventor or Application Identifier

**Ramsaroop**

Title

**METHOD AND APPARATUS FOR EFFECTUATING  
BILATERAL, CONSUMER-DRIVEN HEALTHCARE  
COMMERCE**

Express Mail Label No.

JC803 U.S. PT  
02/14/01JC997 U.S. PT  
02/14/01**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents

1.  Fee Transmittal Form  
(Submit an original, and a duplicate for fee processing)

2.  Specification [Total Pages **8**]  
(preferred arrangement set forth below)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

3.  Drawing(s) (35 USC 113) [Total Sheets: **4**]

4. Oath or Declaration [Total Pages: **1**]

a.  Newly executed (original or copy)

b.  Copy from a prior application (37 CFR 1.63(d))

(for continuation/divisional with Box 17 completed)  
[Note Box 5 below]i.  DELETION OF INVENTOR(S)Signed statement attached deleting  
inventor(s) named in the prior application,  
see 37 CFR 1.63(d)(2) and 1.33(b).

5.  Incorporation By Reference (useable if Box 4b is checked)  
The entire disclosure of the prior application, from which a  
copy of the oath or declaration is supplied under Box 4b,  
is considered as being part of the disclosure of the  
accompanying application and is hereby incorporated by  
reference therein.

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

 Continuation  Divisional  Continuation-in-part (CIP)of prior application No:       /      JC803 U.S. PT  
02/14/01Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

6.  Microfiche Computer Program (Appendix)

7. Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)

a.  Computer Readable Copy

b.  Paper Copy (identical to computer copy)

c.  Statement verifying identity of above copies

**ACCOMPANYING APPLICATION PARTS**

8.  Assignment Papers (cover sheet & document(s))

9.  37 CFR 3.73(b) Statement (when there is an assignee)  Power of Attorney

10.  English Translation Document (if applicable)

11.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS Citations

12.  Preliminary Amendment

13.  Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)

14.  Small Entity Statement(s)  Statement filed in prior application,  
Status still proper and desired

15.  Certified Copy of Priority Document(s)  
(if foreign priority is claimed)

16.  Other:

**18. CORRESPONDENCE ADDRESS** Customer Number or Bar Code Label

001609

or

 Correspondence address below

(Insert Customer No. or Attach bar code label here.)

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[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

## FEE TRANSMITTAL FORM

Attorney Docket No.: **39602**

COMMISSIONER OF PATENTS  
BOX: PATENT APPLICATION  
Washington, D.C. 20231

Transmitted herewith for filing is the patent application of

Inventor(s): **PETER R. RAMSAROOP**

For: **METHOD AND APPARATUS FOR EFFECTUATING BILATERAL, CONSUMER-DRIVEN HEALTHCARE COMMERCE**

The filing fee for filing this patent application has been calculated as follows:

	(Col. 1)	(Col. 2)
FOR:	NO. FILED	NO. EXTRA
<b>BASIC FEE</b>		
<b>TOTAL</b>	<b>1</b>	- 20=
<b>INDEP</b>	<b>1</b>	- 3=
<input checked="" type="checkbox"/> <b>MULTIPLE DEPENDENT CLAIMS</b>		

If the difference in Col. 1 is less than zero, enter "0" in Col. 2

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	RATE	FEE	OR	RATE	FEE
		<b>\$355.00</b>	OR		<b>\$710.00</b>
		x 9 = \$			x 18 = \$
		x 40 = \$			x 80 = \$
		+ 135 = \$			+ 270 = \$
	TOTAL	\$		TOTAL	<b>\$0</b>

A check in the amount of \$ \_\_\_\_\_ to cover the above calculated filing fee and  \$40.00 to cover the Assignment recording fee is enclosed.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 18-2220. A duplicate copy of this sheet is attached.

Any additional patent application filing fees under 37 CFR 1.16.

Any additional patent application processing fees under 37 CFR 1.17.

Dated: February 14, 2001

Tara L. Hoffman

Tara L. Hoffman  
Attorney of Record  
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